Health, Seniors and Long-Term Care
Public Health
300 Carlton Street
Winnipeg, Manitoba Canada R3B 3M9

May 13, 2024

Re: Updates to the Pneumococcal Immunization Program

Dear Health Care Provider,

As of May 13, 2024, Manitoba Health, Seniors and Long-Term Care is updating the vaccines offered in the routine pediatric pneumococcal immunization program and the high-risk pneumococcal immunization program for children and adults, as follows:

Pneumococcal Program	Previous Vaccine	**New Vaccine**
Routine Pediatric	Pneu-C-13 – Prevnar® 13	**Pneu-C-15 – Vaxneuvance™**
High-Risk (Pediatric and Adults)	Pneu-C-13 – Prevnar® 13	**Pneu-C-20 – Prevnar® 20**

The eligibility criteria for the routine pediatric and high-risk pneumococcal vaccine programs are as follows:

Routine Pediatric Pneumococcal Vaccine Program (Pneu-C-15)

- **Children 2 months to ≤ 23 months** of age will be eligible to receive 3 doses (at 2, 4 and 12 months of age)
- **Children 24 months to ≤ 59 months** of age will be eligible to receive 1 dose if previously unimmunized or to finish a vaccination schedule started with any pneumococcal conjugate vaccine.
- Children who are at high risk* for IPD, including children living in First Nations communities, are eligible to receive Pneu-C-20. Please see the eligibility criteria for Pneu-C-20 below.

For children who have already started their series with Pneu-C-13, it does not need to be repeated. The series can be completed with Pneu-C-15.

High-Risk* Pneumococcal Vaccine Program (Pneu-C-20)

- Patients **of all ages** currently under the care of a haematologist or oncologist from Cancer Care Manitoba (CCMB) who have the following conditions and have been provided a CCMB directed Immunization Schedule:
    1. Malignant neoplasms (solid tissue and haematological) including leukemia and lymphoma, or clonal blood disorder, and who will receive or have completed immunosuppressive therapy including chemotherapy or radiation therapy, **or**
    2. Hypo- or asplenic (Sickle Cell Disease, etc.)

High-Risk Pediatric

- **Children 2 months to ≤ 23 months** of age at high risk of IPD* will be eligible to receive 4 doses (2, 4, 6 and 18 months of age).
- **Children 2 months to ≤ 23 months of age living in First Nations communities** will be eligible to receive 4 doses (2, 4, 6 and 18 months of age).
- **Children 24 months to ≤ 59 months** of age at high risk of IPD* will be eligible to receive 1 dose if previously unimmunized or to finish a vaccination schedule started with any pneumococcal conjugate vaccine.
- **Previously unimmunized children 60 months to ≤ 17 years** of age at high risk of IPD* will be eligible to receive 1 dose.

For children at high risk* of IPD who have already started their series with Pneu-C-13, it does not need to be repeated. They can finish their series with Pneu-C-20.

High-Risk Adults

- **Adults 18 to 49 years** of age with the following immunocompromising conditions (see www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations.html?page=8 for more details) will be eligible to receive 1 dose (at least 1 year after any previous dose of Pneu-P-23 or Pneu-C-13 vaccine):
    - Asplenia (functional or anatomic);
    - Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions;
    - Hematopoietic stem cell transplant recipient (as per CancerCare Manitoba Blood and Marrow Transplant (BMT) Immunization Schedule);
    - HIV infection;
    - Immunosuppressive therapy including use of long-term corticosteroids, post-organ transplant therapy, and certain anti-rheumatic drugs
    - Solid organ or islet transplant (candidate or recipient)
- **Adults 50 to 64 years** of age at high risk of IPD* will be eligible to receive 1 dose (at least 1 year after any previous dose of Pneu-P-23 or Pneu-C-13 vaccine).

*The high-risk criteria for IPD are as follows:

- Chronic cerebral spinal fluid (CSF) leak
- Chronic neurologic condition that may impair clearance of oral secretions
- Cochlear implants (including those children who are to receive implants)
- Chronic cardiac or pulmonary disease
- Diabetes mellitus
- Asplenia (functional or anatomic)
- Hemoglobinopathies
- Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions

- Hematopoietic stem cell transplant recipient (as per CancerCare Manitoba Blood and Marrow Transplant (BMT) Immunization Schedule)
- HIV infection
- Immunosuppressive therapy including use of long-term corticosteroids, post-organ transplant therapy, and certain anti-rheumatic drugs
- Chronic kidney disease, including nephrotic syndrome
- Chronic liver disease (including hepatic cirrhosis due to any cause)
- Solid organ or islet transplant (candidate or recipient)
- Residents of a personal care home or a long-term care facility OR in residential care due to complex medical needs
- Persons with alcoholism
- Persons who are homeless
- Persons who use illicit drugs

Manitoba's Immunization Program Eligibility Criteria, Routine and Not Previously Immunized Immunization Schedules will be updated online soon.

Tariff codes:

- Pneumococcal Conjugate-15-Valent (Pneu-C-15): 8222
- Pneumococcal Conjugate-20-Valent (Pneu-C-20): 8223

Please ensure the correct Tariff codes are selected based on the product being administered. Existing tariffs for Pneumococcal Conjugate - 13 valent (Pneu-C-13) and Pneumococcal Polysaccharide – 23 valent (Pneu-P-23) will be removed at a later date.

Any questions regarding these changes can be emailed to vaccines@gov.mb.ca.

Please share this information with all relevant colleagues in your facility.

Sincerely,

Manitoba Health, Seniors and Long-Term Care

Richard Baydack, PhD
Director
Communicable Disease Control

Natalie Casaclang, MD, CCFP, FRCPC
Medical Officer of Health,
Population and Public Health